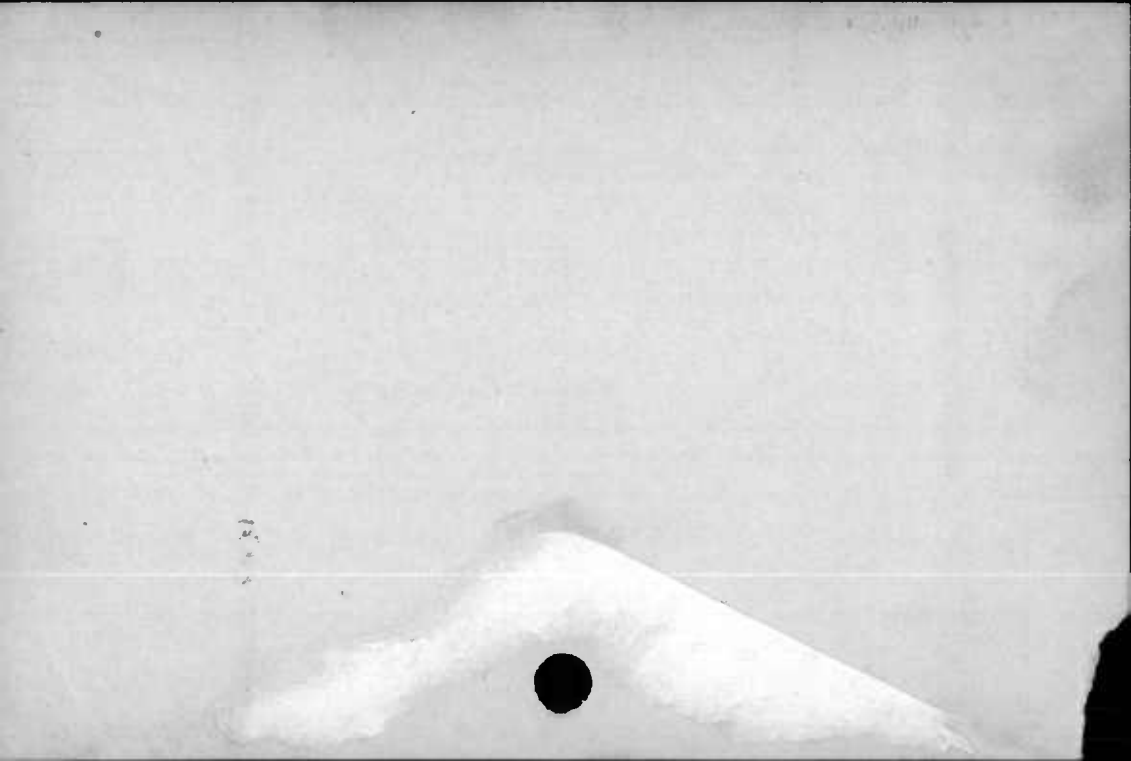


|   |   |                    |                  |                            |  |                            |                 |
|---|---|--------------------|------------------|----------------------------|--|----------------------------|-----------------|
| Name<br>in<br>Full  |   | Charles E. Bennett |                  |                            |  | CERTIFICATE OF DEATH       |                 |
| TO BE ANSWERED BY<br>NEAREST FRIEND   | Died at   |                    | Town<br>Clements |                            | County<br>St. Marys.                       |                            | MARYLAND        |
|   | Date<br>of death  | 1905               | Month<br>July    | Day<br>26                  | Age<br>about 68                            | Years                      | Months<br>Days  |
|   | Sex   | Male               |                  | Color or<br>Race           | White                                      |                            | Birth-<br>place |
|   | Occupation  | Carpenter          |                  |                            | Where Residing if not<br>at place of death |                            |                 |
|   | Married, Single<br>or Widowed   | Married            |                  | Name or Wife or<br>Husband |  |                            |                 |
|   | Father's<br>Name  |                    |                  |                            |  | Father's<br>Birthplace     |                 |
|   | Mother's<br>Maiden Name   |                    |                  |                            |  | Mother's<br>Birthplace     |                 |
|   | Name of person giving<br>In formation                                   |                    |                  |                            |  | How related<br>to deceased |                 |
| <div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> |   |                    |                  |                            |  |                            |                 |
| PHYSICIAN<br>OR CORONER   | Primary   | Nephritis          |                  |                            |  | How long 12 Months         |                 |
|   | Immediate   |                    |                  |                            |  | How long                   |                 |
|   | Are the name, age, sex, color, date<br>and place correctly given above? |                    |                  |                            | Signature of<br>Physician                  |                            |                 |
|   |   |                    |                  |                            | Address                                    |                            |                 |
|   | Accident or Suicide?  |                    |                  |                            |  |                            |                 |



Name  
in  
Full

Lizzie Braxton

7/10/XVI

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at  
Town  
Charlotte HallCounty  
St. Marys

MARYLAND

Date  
of death 1905Month  
JulyDay  
10

Age

Years  
23

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Chas. Co.

Occupation

Housekeeper

Where Residing If not  
at place of death

St. Marys Co.

Married, Single  
or Widowed

Married

Name of ~~Wife or~~  
Husband

Chas. Braxton

Father's  
Name

Ned Brown

Father's  
Birthplace

Chas. Co.

Mother's  
Maiden Name

Lott

Mother's  
Birthplace

Chas. Co.

Name of person giving  
In formation

Chas. Braxton

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Congestion of the liver

How long

8 days

Immediate

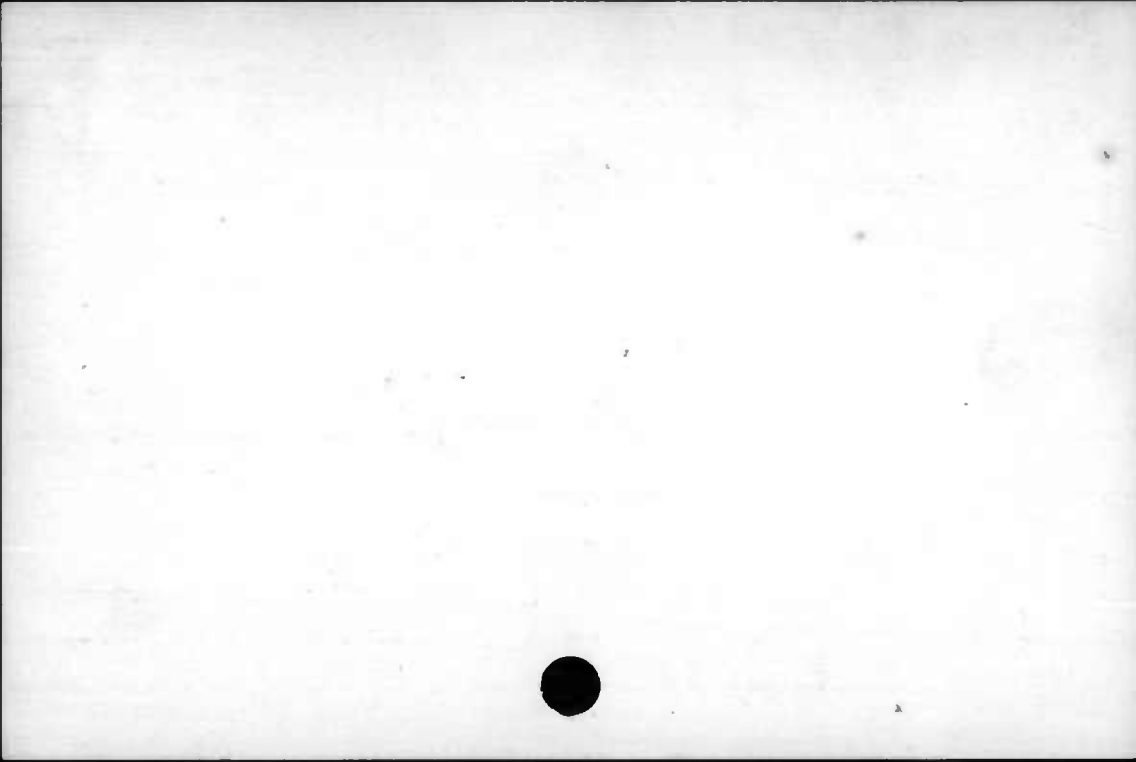
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

H. W. Petherbridge  
Charlotte Hall  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Romarius Jerome Galtman

CERTIFICATE

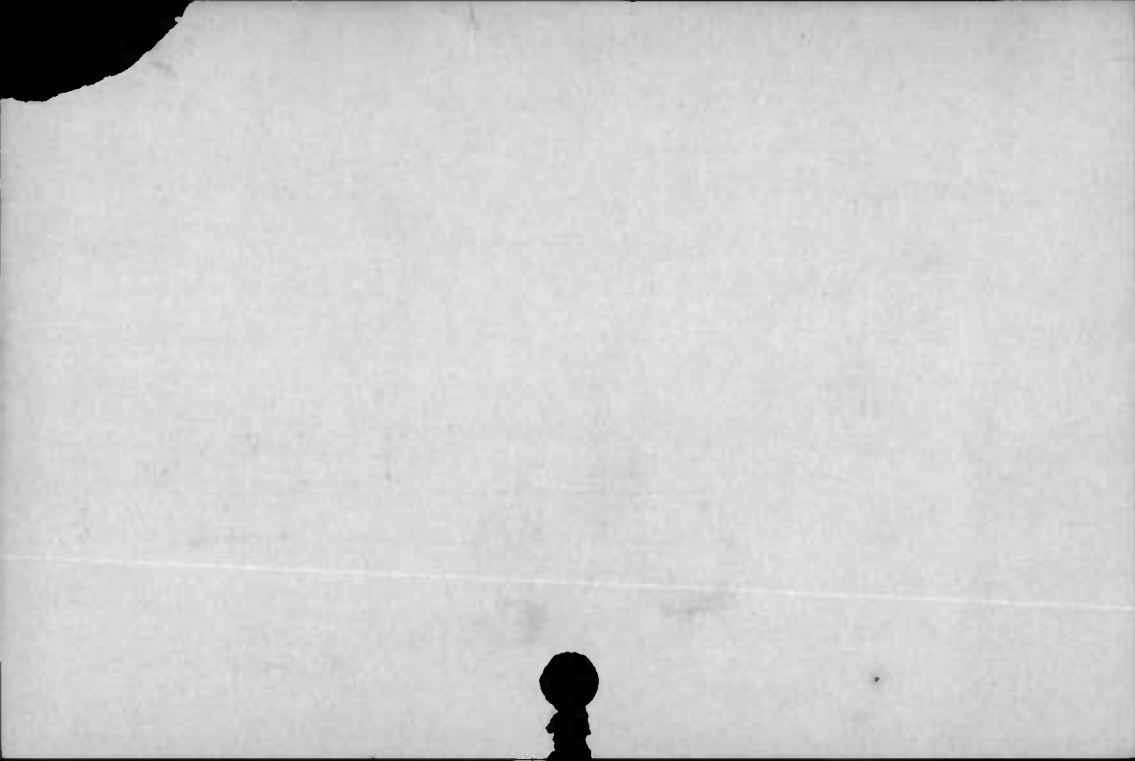
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                                    |   |          |      |
|---|----------------------------|------------------------------------|---|----------|------|
| Died at <u>Acworth</u> <sup>Town</sup>          |                            | <u>St Mary's</u> <sup>County</sup> |   | MARYLAND |      |
| Date of death <u>1905</u>                       | Month <u>July</u>          | Day <u>12</u>                      | Age <u>15</u>                           | Months   | Days |
| Sex <u>Male</u>                                 | Color or Race <u>White</u> |                                    | Birth-place <u>St Mary's Co.</u>        |          |      |
| Occupation                                      |                            |                                    | Where Residing if not at place of death |          |      |
| Married, Single or Widowed                      |                            |                                    | Name of Wife or Husband                 |          |      |
| Father's Name <u>Edworth Galtman</u>            |                            |                                    | Father's Birthplace <u>Maryland</u>     |          |      |
| Mother's Maiden Name <u>S. T. Russell</u>       |                            |                                    | Mother's Birthplace <u>Maryland</u>     |          |      |
| Name of person giving information <u>Father</u> |                            |                                    | How related to deceased                 |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Worms</u>  | How long <u>2 days</u>                   |
| Immediate <u>Perforation Peritonitis</u>  | How long                                 |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>J. O. King</u> |
|   | Address <u>Richfield</u>                 |
| Accident or Suicide?  | <u>Ind</u>                               |



Name  
in  
Full

## CERTIFICATE OF DEATH

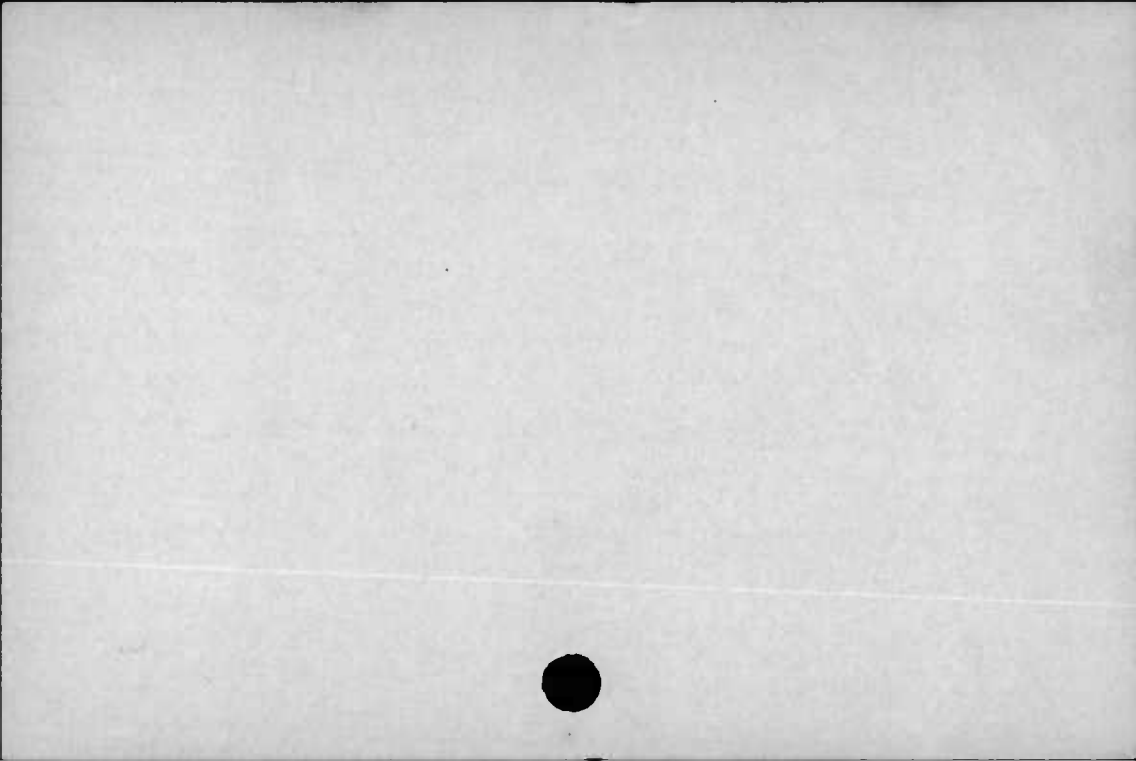
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                 |                                     |        |        |          |  |
|--|--|---------------------------------|-------------------------------------|--------|--------|----------|--|
| Died at <i>Hollywood</i>                                 |  | Town <i>St Mary's</i>           |                                     | County |        | MARYLAND |  |
| Date of death <i>1908</i>                                | Month <i>July</i>  | Day <i>22</i>                   | Age <i>65</i>                       | Years  | Months | Days     |  |
| Sex <i>Male</i>  | Color or Race <i>American</i>                            | Birth-place <i>St Mary's Ed</i> |                                     |        |        |          |  |
| Occupation <i>Cook</i>                                   | Where Residing if not at place of death <i>Hollywood</i> |                                 |                                     |        |        |          |  |
| Married, Single or Widowed <i>Single</i>                 | Name of Wife or Husband <i>Rosa Gomer</i>                |                                 |                                     |        |        |          |  |
| Father's Name  |  |                                 | Father's Birthplace                 |        |        |          |  |
| Mother's Maiden Name                                     |  |                                 | Mother's Birthplace                 |        |        |          |  |
| Name of person giving information <i>Brody Bauerlein</i> |  |                                 | How related to deceased <i>None</i> |        |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |
|--|--|
| Primary <i>Paralysis</i>   | How long <i>29 years</i>                 |
| Immediate <i>General debility</i>                                    | How long                                 |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. H. King</i> |
| <i>Yes</i>   | Address <i>Chesville Md.</i>             |
| Accident or Suicide?   |  |





Name  
in  
Full

Edmund S. Jones

## CERTIFICATE OF DEATH

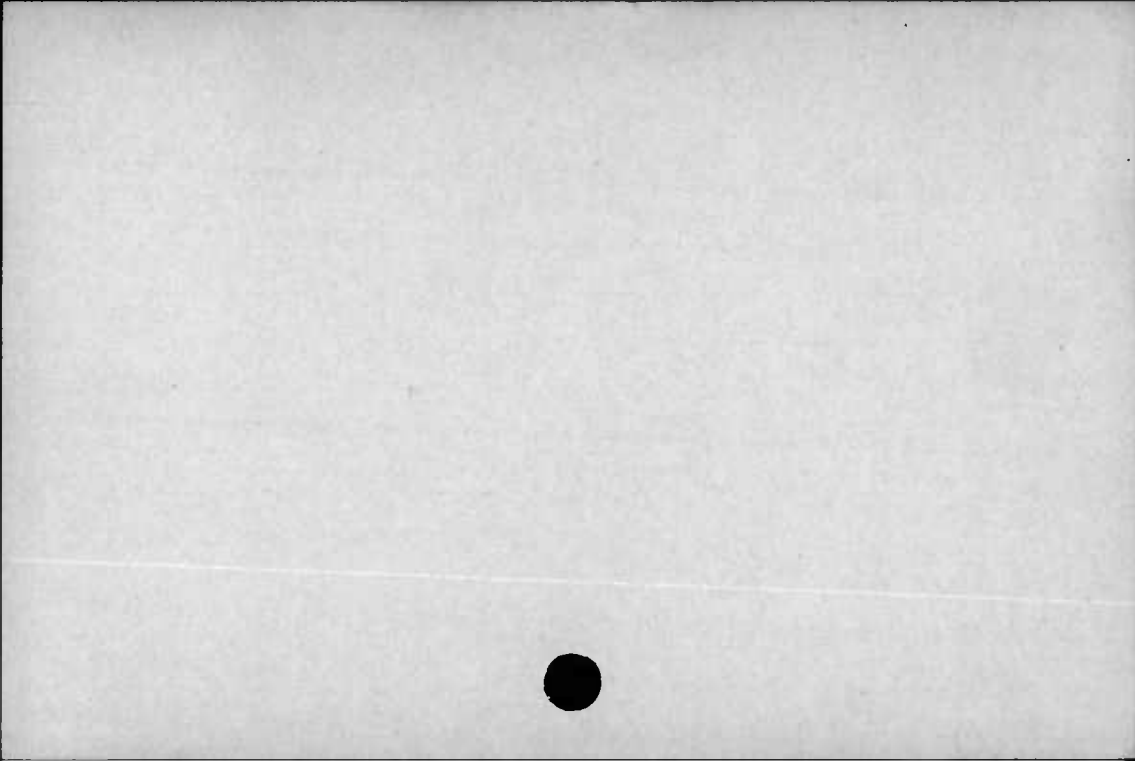
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                        |   |          |                |
|--|----------------------------|------------------------|---|----------|----------------|
| Died at <i>Halltown</i> Town                           |                            | <i>St Marys</i> County |   | MARYLAND |                |
| Date of death <i>1908</i>                              | Month <i>July</i>          | Day <i>20</i>          | Age                                     | Months   | Days <i>16</i> |
| Sex <i>Male</i>  | Color or Race <i>White</i> |                        | Birth-place <i>St Marys Co</i>          |          |                |
| Occupation   |                            |                        | Where Residing if not at place of death |          |                |
| Married, Single or Widowed                             |                            |                        | Name or Wife or Husband                 |          |                |
| Father's Name <i>H E Jones</i>                         |                            |                        | Father's Birthplace <i>Maryland</i>     |          |                |
| Mother's Maiden Name <i>Lula Jones</i>                 |                            |                        | Mother's Birthplace <i>Maryland</i>     |          |                |
| Name of person giving information <i>Childs Foster</i> |                            |                        | How related to deceased                 |          |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Pneumonia</i>  | How long <i>6 days</i>                   |
| Immediate   | How long                                 |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. O. King</i> |
|   | Address <i>Acetville Md</i>              |
| Accident or Suicide?  |  |



Name  
in  
Full

Francis Deal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

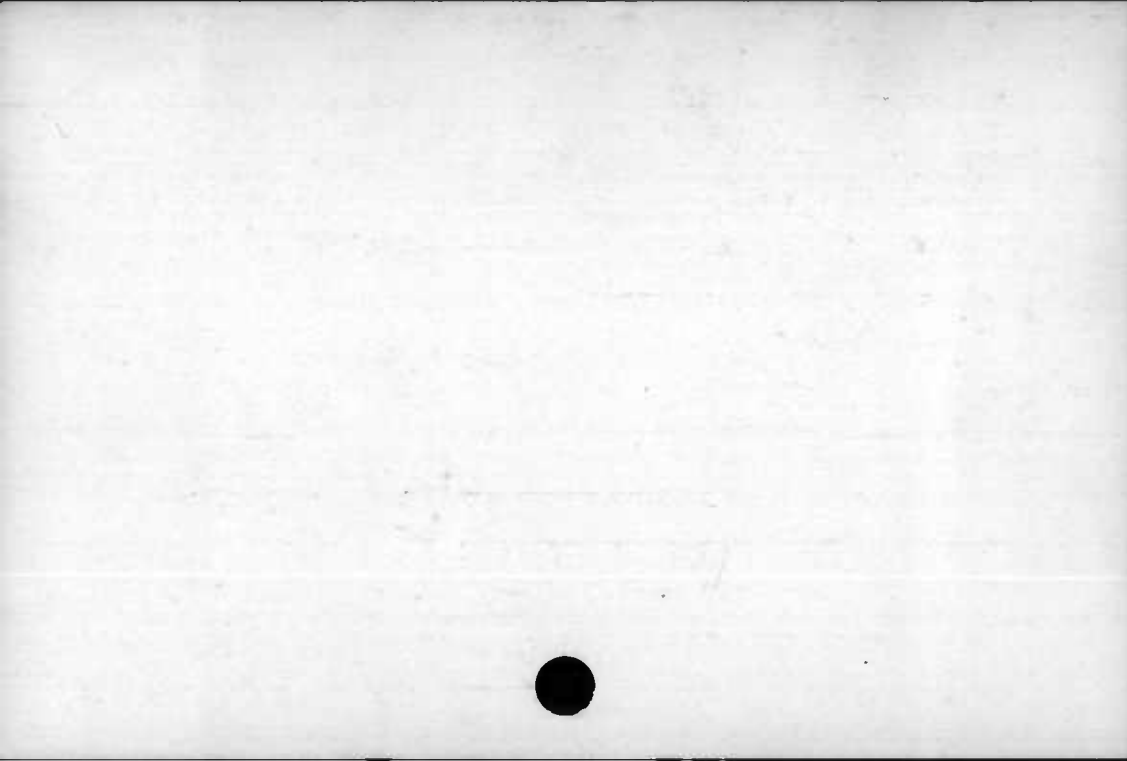
MARYLAND

|   |  |   |                               |       |        |
|---|--|---|-------------------------------|-------|--------|
| Died at <i>Beauvoir</i> Town                          |  | <i>H. Maryles</i> County                |                               |       |        |
| Date of death <i>1905</i>                             | Month <i>July</i>                      | Day <i>9</i>                            | Age <i>18</i>                 | Years | Months |
| Sex <i>Male</i>                                       | Color or Race <i>colored</i>           |   | Birth-place <i>H. Maryles</i> |       |        |
| Occupation <i>Farm hand</i>                           |  | Where Residing if not at place of death |                               |       |        |
| Married, Single or Widowed <i>Single</i>              | Name of Wife or Husband                |   |                               |       |        |
| Father's Name <i>Benedict Deal</i>                    | Father's Birthplace <i>H. Maryles</i>  |   |                               |       |        |
| Mother's Maiden Name <i>Matilda Smith</i>             | Mother's Birthplace <i>"</i>           |   |                               |       |        |
| Name of person giving information <i>Lernard Deal</i> | How related to deceased <i>brother</i> |   |                               |       |        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary  | How long                                      |
| Immediate <i>hanging</i>   | How long                                      |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician                        |
|  | Address                                       |
| Accident or Suicide? <i>Accident</i>                                 | <i>J. P. Greenwell</i><br><i>Lernard Deal</i> |



Name in Full

Certificate of Death

Laisy Loretta Redmond

Town

County

Died at

Hollywood

St. Mary's

MARYLAND

Date

1905 July 7

Month

Day

Y.

M.

D.

Native of

Occupation

Age

11

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of  
Wife

Father's

Name

Henry Redmond

Mother's

Name

Mary Redmond

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Heart Disease

~~Accident, Suicide, Homicide~~

Reported by

J. V. King

Address

Oakville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

